

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION**

IN RE: NATIONAL PRESCRIPTION OPIATE LITIGATION)	CASE NO. 1:17-MD-2804
)	
)	JUDGE POLSTER
THIS DOCUMENT RELATES TO:)	
)	
<i>Hospital Cases</i>)	
)	ORDER REGARDING HOSPITAL
)	PLAINTIFF FACT SHEETS

During a status conference held on September 23, 2023, the Court directed all Hospital Plaintiffs in any pending MDL case to complete a Hospital Fact Sheet (“HFS”) on or before January 26, 2024. This Order formally confirms that directive. The form of the HFS is attached.

The PEC shall promptly make available to the Defendants and the Court all HFSs via a file-sharing site. Liaison Counsel for the Hospitals shall submit to the Court by noon on February 2, 2024 a list of pending Hospital cases where a PFS was not submitted; the Court will dismiss those cases with prejudice.

The Court will engage in a status conference with counsel regarding the Hospital cases at noon on February 28, 2024, with status reports due at noon on February 26, 2024.

IT IS SO ORDERED.

/s/ Dan Aaron Polster
DAN AARON POLSTER
UNITED STATES DISTRICT JUDGE

Dated: November 29, 2023

**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OHIO
EASTERN DIVISION**

**IN RE: NATIONAL PRESCRIPTION
OPIATE LITIGATION**

Case No. 1:17-MD-2804

APPLIES TO ALL CASES

Hon. Dan A. Polster

HOSPITAL PLAINTIFF FACT SHEET

Plaintiff (also referred to as “You” throughout) shall provide information responsive to the questions set forth below. You shall provide information reasonably available to You and are not excused from providing the requested information for failure to appropriately investigate Your case. Plaintiff shall supplement its responses if it learns that they are incomplete or incorrect in any material respect. Responses are subject to the Protective Order entered in the above-captioned case. Plaintiff may designate all or part of its answers pursuant to categories identified in the Protective Order.

I. PLAINTIFF INFORMATION

Plaintiff Name¹: _____

Full Case Caption: _____

Originally Filed Case Docket Number and Court: _____

MDL Docket Number: _____

Primary contact attorney name, firm and contact information²: _____

Identify and describe Plaintiff’s ownership and organizational structure, including but not limited to whether it is affiliated with or receives funding from any Federal, State, political subdivision, county, or municipal governments: _____

Description and geographic location (by county and state) of those You purport to represent in this lawsuit, including institution/facility names and addresses: _____

¹ If there are multiple plaintiffs in Your case, please provide a fact sheet for each plaintiff.

² Please provide an addendum identifying all counsel that represents Plaintiff in this litigation, whether or not listed in Your complaint.

Please provide the following information for each entity that You purport to represent³:

1. Are You a public or private entity?
2. Are you a for profit or non-profit entity?
3. Are You part of a hospital district? If yes, please identify.
4. If You are a subsidiary, identify your parent or equivalent entities.
5. Do any pharmacies operate in any of Your facilities? If yes, please identify (a) their name and (b) the patient base they serve (e.g. inpatient, outpatient and/or long-term care).
6. How many beds do You operate at each of your locations/facilities?
7. Do You operate any neonatal intensive care units?
8. Do any pain management clinic(s) or practice(s) operate in Your facilities? If yes, please identify the name(s) of the clinic and/or practice.
9. What is Your payor mix? (Please identify the percentage for each category).
10. What is Your annual operating margin?
11. What is Your annual net income?

II. CLAIM INFORMATION

A. Injuries and Damages

1. To the best of Your knowledge, for each Defendant You name, identify the approximate date (i.e., month and year) when You claim You were first injured and began to incur damages as a result of the Defendant's alleged conduct. This request is not designed to require an expert evaluation and is not intended to limit any expert testimony related to the damages suffered.
2. Please identify each category of monetary and non-monetary relief You seek and the basis for each.

³ If the information requested in this section has varied during the time period for which You are seeking damages, please provide the requested information for that entire time period and indicate in what year(s) the information is applicable. For Items 9-11, please provide the requested information, by year, from 2018 to the present.

3. Have You been involved in opioid-related civil litigation in the past?⁴
Yes____ No____ Don't Know____
4. If yes, please identify the date(s), jurisdiction(s), and partie(s). Identify any money or recovery You have received or expect to receive from opioids-related settlement funds, abatement funds or abatement plans, including any Federal, State or local governments or other sources of such funds. This does not include any money or recovery received or expected in connection with the bankruptcies of Insys, Purdue, Mallinckrodt, or Endo.
5. For each category and each year of monetary relief you seek, identify Your annual budget, if any, and the actual expenditure You made for each year and for each category. In the alternative, please provide an estimate, by year, of your purported damages and/or requested monetary relief for each category.

B. Claim-Specific Information

1. Do You identify, track, or otherwise have in Your possession, custody, or control, information regarding physicians or other healthcare providers credentialed for Your facility(ies) who wrote medically unnecessary opioid prescriptions? Yes____ No____
2. Identify each pharmacy operating at Your facilities, based on information reasonably available to You, that has been the target of a law enforcement or administrative investigation concerning the pharmacy's dispensing of prescription opioids during any year in which You allege that You suffered an injury for which You seek relief. (This request is not intended to pertain to current ongoing investigations or routine regulatory oversight).
3. Do You identify, track, or otherwise have in Your possession, custody, or control, information concerning whether a pharmacy operating at Your facilities dispensed medically unnecessary opioids for any year in which You allege that You suffered an injury for which You seek relief? Yes____ No____

C. Opioid-Related Services and Programs:

For the following questions, please provide information for each year in which You allege that You suffered an injury for which You seek relief.

1. Have You formed or participated in an opioid task force or other program or group to address, track, or monitor opioid prescribing, use, or diversion?

⁴ For purposes of this question, "opioid-related civil litigation" does not involve single-plaintiff personal injury cases.

If yes, provide the name, members, and dates, to the extent reasonably accessible.

2. Have You had an opioid prescription disposal program? If yes, provide the name and dates.
3. Have You operated any addiction treatment facilities or programs that address prescription opioids? If yes, provide the name and dates.
4. Have You provided any drug abuse prevention or education programs related to prescription opioids? If yes, provide the name and dates.
5. Do you have a dedicated Opioid Use Disorder program? If yes, provide the name and dates.

III. JURISDICTION & PLEADING INFORMATION

- A. Please confirm that, if selected as a Bellwether Case, Plaintiff will not seek remand to any state court. Yes ____ No ____
- B. Please identify the federal district court to which Plaintiff believes its case should be remanded for purposes of motions for summary judgment, if any, and trial. If Plaintiff contends the case should remain in the Northern District of Ohio for such purposes, please provide the factual basis as to why venue is proper there.
- C. Please confirm that, if selected as a Bellwether Case, Plaintiff will proceed in the capacity of an individual Plaintiff in the Bellwether Case and not as a class representative. Yes ____ No ____
- D. Please identify three or fewer causes of action on which Plaintiff intends to proceed in a Bellwether Case (if selected) and for each cause of action identify (a) the Defendant(s) against whom Plaintiff will pursue that cause of action, and (b) the specific monetary and non-monetary relief sought.

IV. CERTIFICATION

I declare under penalty of perjury that all of the information provided in this Plaintiff Fact Sheet is complete, true, and correct to the best of my knowledge and information.

Date

Signature

Print Name

Title